

NEVADA CERTIFICATE OF IMMUNIZATION

CLARK COUNTY HEALTH DISTRICT

NEVADA STATE HEALTH DIVISION

WASHOE CO DISTRICT HEALTH DEPARTMENT

This record should be included in the pupil's cumulative record and transferred as part of that record. Local health departments shall have access to this record (NRS 392.435, NRS 394.192). Names of all students in the school/child care center who are exempt should be maintained on an exempt roster for immediate identification in case of a disease outbreak in the community.

Student Name _____ Birthdate _____ Sex _____

Name of Parent(s) or Guardian(s) _____ Telephone _____

VACCINE	DATE EACH DOSE GIVEN				
	1st	2nd	3rd	4th	5th
MMR (Measles-Mumps-Rubella)					
Hib (Haemophilus influenzae type B)					
DTP-Hib (Diphtheria-Tetanus-Pertussis, Hib)					
DTP (Diphtheria-Tetanus-Pertussis)					
DTaP (Diphtheria-Tetanus-acellular Pertusis)					
DT pediatric (Diphtheria-Tetanus)					
Td adult (Tetanus-Diphtheria)					
OPV (oral polio vaccine)					
IPV (inactivated polio vaccine)					
Hep B (Hepatitis B)					
Varicella (Chickenpox)					
Hep A (Hepatitis A)					
PCV7 (Pneumococcal Conjugate)					
Other - specify					

VACCINATION REQUIREMENT STATUS (mark one)

- ☐ All requirements are met.
☐ Currently up-to-date, but more doses due later. →

EXEMPTION STATUS (mark one)

- ☐ No exemptions
☐ Medical - Permanent
☐ Medical - Temporary - valid through ____/____/____
☐ Religious

CERTIFICATION

I certify that I reviewed a record of this student's vaccinations and transcribed it accurately.

Future Vaccine Required	
Vaccine	Date Due

Date: ____/____/____

Comments:

Staff Signature _____